

2002 **LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90202 038 \*\*\*\*50.00

DOCUMENT #

**L01000006825**

1. Entity Name

RAJKUMAR NEBHRAJANI, M.D., LLC

**DO NOT WRITE IN THIS SPACE**

**965563**

2. Principal Place of Business

9310 S.W. 6 COURT

Suite, Apt. #, etc.

3. Mailing Address

9310 S.W. 6 COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-1100957

Applied For

Not Applicable

Zip

33025

Country

Zip

33025

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NEBHRAJANI, RAJKUMAR

Street Address (P.O. Box Number is Not Acceptable)

9310 S.W. 6 COURT

City

PEMBROKE PINES

FL

Zip Code  
33025

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
NEBHRAJANI, RAJKUMAR  
9310 S.W. 6 COURT  
PEMBROKE PINES, FL 33025

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *X*

*Rajkumar Nebhrajani*

*X RAJKUMAR NEBHRAJANI*

*04/30/02*

*X 305-692-2482*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)